Invitation to Attend an Individualized Education Program Team (IEPT) Meeting

Da	te:		
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De	ar Parent(s):		
Ar	IEPT meeting has been scheduled for	for the purpose of:	
	Determining eligibility for special education programs or serveducation program (IEP).	ices and, if appropriate, to develop an individualized	
	Redeterming eligibility and developing an individualized education program (IEP).		
	Reviewing/developing/revising a statement of transition services. Other:		
Th	e following staff members will be represented at the IEPT		
• 5	tudent's special education program/service provider		
• 5	student's general education teacher		
• 5	chool district representative		
r	Aultidisciplinary evaluation team member, or other terson who can interpret instructional implications of evaluation results		
• (Other(s):		
1	You may invite individuals of your choice to the meeting. residence shall be invited if the district of residence has automprehensive evaluation review.	Upon request of the parent, a representative of the district of thorized the operating district to conduct the 3-year	
Th	e IEPT meeting will be held:		
	Date:	Time:	
L	ocation:	Phone:	
A	Address:		
	For some reason this time/or place is not acceptable to you dive can make other arrangements.	, or you are unable to attend the meeting, please contact me	
Sir	ncerely,		
	NAME/TITLE	TELEPHONE NUMBER	